

FILED JUN 9 1944
Registration District No. 348

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 In this community 15 years
 (Specify whether years, months or days)

3. (a) PRINT
FULL NAME

Charlotte Luckedo

3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 4 years 1879
 7. Birth date of deceased August (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 19
 If less than one day hr. min.

9. Birthplace Alabama
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Mose Evans

13. Birthplace Alabama
 (City, town, or county) (State or foreign country)

14. Maiden name Annnette
 (City, town, or county) (State or foreign country)

15. Birthplace Alabama
 (City, town, or county) (State or foreign country)

16. (a) Informant Morris Peterson(b) Address 2710 N. Leffingwell

17. (a) Burial (b) Date thereof 5-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park(a) Signature of funeral director May Wade(b) Address 4202 E. Firney

19. (a) MAY 27 1944 (b) S. T. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2710 N. Leffingwell
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23,
 year 1944 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from May
17, 1944 to May 23, 1944;
 that I last saw her alive on May 23, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

Duration
6 days

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Alva Moore (M. D. or other)

Address 2601 Webster Date signed 5/23/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2498*

P. O. Address. *2769 Ch...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.